



Ref: FOIA Reference 2018/19-430

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ST4 6QG

Date: 8th November 2018

Tel: 01782 676474
Email FOI@uhn.nhs.uk

Dear

I am writing in response to your email dated 20th October 2018 (received in this office on the 22nd October) requesting information under the Freedom of Information Act (2000) regarding C-sections.

I can neither confirm nor deny whether the information you have requested is held by the Trust in its entirety. This is because the information requested in questions 3, 6, 7 and 8 is not held centrally, but may be recorded in health records. In order to confirm whether this information is held we would therefore have to individually access all health records within the Trust and extract the information where it is present. We therefore estimate that complying with your request is exempt under section 12 of the FOI Act: cost of compliance is excessive. The section 12 exemption applies when it is estimated a request will take in excess of 18 hours to complete. We estimate that accessing and reviewing all health records and then extracting relevant information would take longer than the 18 hours allowed for.

Under section 16 of the FOI Act we are required to provide requestors with advice and assistance where possible. We would therefore like to advise you that if your request is shortened to just the questions that we are able to comply within the 18 hour time frame. In order to avoid delay to your response we have provided this below.

On 24th October 2018 we contacted you as we required clarification on Q6, we asked;
“What you are referring to by “C-section re-admission”? For example is it the number of admissions due to complications following a C-section?”

On the same day you replied via email with the following:
“I am looking for information about the number of re-admissions due to surgical site complications following a C-section. Wound dehiscence, wound infection, deep tissue haematoma etc.”

On 29th October 2018 we contacted you via email with the below list of definitions for questions 6-8 as required further clarification;

Definition of superficial surgical site complications

The Centres for Disease Control and Prevention (CDC) has defined SSI to standardize data collection for the National Nosocomial Infections Surveillance (NNIS) program

Superficial incisional SSI - Infection involves only skin and subcutaneous tissue of incision

Superficial incisional SSI is characterized by the following:

Occurs within 30 days after the operation

Involves only the skin or subcutaneous tissue

Includes at least one of the following:

(a) purulent drainage is present (culture documentation not required);

(b) organisms are isolated from fluid/tissue of the superficial incision;

(c) at least one sign of inflammation (e.g. pain or tenderness, induration, erythema, local warmth of the wound) is present;

(d) the wound is deliberately opened by the surgeon;

(e) the surgeon or clinician declares the wound infected

Note: A wound is not considered a superficial incisional SSI if a stitch abscess is present; if the infection is at an episiotomy, a circumcision site, or a burn wound; or if the SSI extends into fascia or muscle

On 2nd November 2018 you replied via email the following:

“Please can you use the definition for SSI as below:

Occurs within 30 days after the operation

Involves only the skin or subcutaneous tissue

Includes at least one of the following:

(a) Purulent drainage is present (culture documentation not required);

(b) Organisms are isolated from fluid/tissue of the superficial incision;

(d) The wound is deliberately opened by the surgeon;

(e) The surgeon or clinician declares the wound infected

Q6 Total number of C-section re-admissions (within 30 days post c section)? (And length of stay for each patient if available?)”

Q7 Number of superficial surgical site complications?

(c) At least one sign of inflammation (eg, pain or tenderness, induration, erythema, local warmth of the wound) is present;

Q8 Number of surgical site infections?

(a) Purulent drainage is present (culture documentation not required);

(b) Organisms are isolated from fluid/tissue of the superficial incision;

(d) The wound is deliberately opened by the surgeon;

(e) The surgeon or clinician declares the wound infected”

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

Q1 Total number of C-sections performed April 2017/ March 2018?

A1 The Trust performed 1923 C-sections during April 2017/ March 2018

Q2 During this time scale:

Average length of stay for patients who had undergone a C-section?

A2 The average length of stay for patients who had undergone a C-section was 3.6 days

Q3 Total number of C-sections patients with BMI > 35

A3 Section 12 exemption as detailed above.

Q4 Total number of C-sections patients with BMI > 40

A4 Using ICD10 – E668 codes there was 113 patients with BMI > 40

Q5 Total number of C-sections with patients with diabetes

A5 There was 230 patients with diabetes that had C-sections

Q6 Total number of C-section re-admissions (within 30 days post c section)? (And length of stay for each patient if available?)

A6 Section 12 exemption as detailed above

Q7 Number of superficial surgical site complications?

A7 Section 12 exemption as detailed above

Q8 Number of surgical site infections?

A8 Section 12 exemption as detailed above

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

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An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 676474.

Yours,



Leah Carlisle
Deputy Head of Quality, Safety & Compliance